

**Weakley County Education Association**

**Sick Leave Bank Donation**

**PLEASE PRINT:**

**NAME:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Donation:**

**Donations shall be made during the months of August, September, or October. The number of days to be donated shall be prescribed by the Committee of Trustees. However, in no case shall the donation exceed three days. When the total sick leave bank balance falls below thirty days, each participating member will be assessed additional days to restore the balance. Donations are nonrefundable and nontransferable.**

**As a certified employee of the Weakley County School System I donate two (2) days to the Sick Leave Bank.**

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**